FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7

		important. Ite	ad the mondetions	on pages	7 1 - 11				
		SECTION A - PR	ROPERTY OWNER I	NFORMA	TION	For Insurance Company Use:			
LDING OWNER'S NAME EQUILON ENTERPRISES LLC						Policy Number			
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 21922 MILWAUKEE AVENUE					Company NAIC Number				
CITY		\$	STATE		ZIP CODE				
LINCOLNSHIRE PROPERTY DESCRIPTION	(Lot and Block	Numbers, Tax Parcel	IL Number, Legal Descrip	tion, etc.)	*				
LOT 1 IN SHELL OIL CO.S SUBDIVISION RECORDED 10-16-99 DOC. NO. 4403679									
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) COMMERCIAL									
LATITUDE/LONGITUDE (O	PTIONAL)	HORIZONTAL	DATUM:	SOURC	E: GPS (Type):			
(##° - ##" - ##.###" or ##.#####°) NAD 1927 NAD 1983 USGS Quad Map Other:									
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION									
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER VILLAGE OF LINCOLNSHIRE / 170068 B2. COUNTY NAME LAKE						B3. STATE L			
B4. MAP AND PANEL NUMBER 0005	B5. SUFFIX	B6. FIRM INDEX DATE 9-7-97	B7. FIRM PAN EFFECTIVE/REVISE 9-7-97		B8. FLOOD ZONE(S) X	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 646 ft			
B10. Indicate the source of	of the Base Flo	od Elevation (BFF)	data or base flood de	epth enter	ed in B9.	1			
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. ☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe):									
B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):									
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No									
Designation Date									
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)									
C1. Building elevations ar	e based on: 🗌	Construction Draw	ings* 🛛 Building	Under Cor	nstruction*	Finished Construction			
A new Elevation Cer		•							
-				_		icate is being completed - see			
pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)									
C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO									
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from									
the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion									
calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum Conversion/Comments									
Elevation reference m			reference mark use	d annear d	on the FIRM?	l Yes □ No			
o a) Top of bottom flo		, ree							
o b) Top of next high	Seal								
o c) Bottom of lowes	ssed								
o c) Bottom of lowest horizontal structural member (V zones only)ft.(m)									
o e) Lowest elevation of machinery and/or equipment									
servicing the bu	_		·_	_ft.(m)	mbe				
o f) Lowest adjacent			<u>643.</u> . <u>62</u>		Sign				
servicing the building of) Lowest adjacent grade (LAG) of) Highest adjacent grade (HAG) of) No. of permanent openings (flood vents) within 1 ft. above adjacent grade									
o i) Total area of all permanent openings (flood vents) in C3hsq. in. (sq. cm)									
			, ENGINEER, OR A						
	_	7	-			certify elevation information.			
recrtify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.									
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME PAUL N. MARCHESE LICENSE NUMBER 2461									
E REGISTERED PRO	FESSIONAL LA	A A A	COMPANY	NAME MAR	CHESE AND SON	S, INC.			
RESS 10MONACO DRIVE		2461	CITY		STATE	ZIP CODE 60172			
SIGNATURE AGAINT	Dot 1/2	LAND	DATE		TELEPHO	NE			
- Have	orego	ALT XXOR	3-29-00		(630) 894	-568U			

4 96 4			<u> </u>				
	es, copy the corresponding information fi		For Insurance Company Use:				
BUILDING STREET ADDRESS (II 21922 MILWAUKEE AVENI			Policy Number				
CITY LINCOLNSHIRE	STATE IL	ZIP CODE	Company NAIC Number				
SECT	ION D - SURVEYOR, ENGINEER, OR ARC	HITECT CERTIFICATION (CO	INTINUED)				
Copy both sides of this Elevati	on Certificate for (1) community official, (2) i	insurance agent/company, and	(3) building owner.				
COMMENTS			(-,				
31	N _ 20-00						
*		97					
			☐ Check here if attachments				
SECTION E - BUILDING E	LEVATION INFORMATION (SURVEY NOT	REQUIRED) FOR ZONE AO					
	out BFE), complete Items E1 through E4. If		<u> </u>				
		the Lievation Certificate is like	nded for disc as supporting				
information for a LOMA or LOMR-F, Section C must be completed. E1. Building Diagram Number(Select the building diagram most similar to the building for which this certificate is being completed – see							
	am accurately represents the building, provide	_	•				
E2. The top of the bottom floor	(including basement or enclosure) of the built	ilding is ft.(m)in.(cm) [above or				
the highest adjacent grade.							
-	with openings (see page 7), the next higher	floor or elevated floor (elevatio	n b) of the building is				
	he highest adjacent grade. od depth number is available, is the top of th	no bottom floor playated in acc	ordance with the community's				
	linance? Yes No Unknown. The						
	ION F - PROPERTY OWNER (OR OWNER						
	authorized representative who completes S						
community-issued BFE) or Zoi	· · · · · · · · · · · · · · · · · · ·						
PROPERTY OWNER'S OR OWN	ER'S AUTHORIZED REPRESENTATIVE'S NAM	É					
IESS	CITY	STATE	ZIP CODE				
SIGNATURE	DATE	TELEP	PHONE				
COMMENTS	A 30 x						
			Check here if attachments				
	SECTION G - COMMUNITY INFO	ORMATION (OPTIONAL)					
The local official who is authoriz	ed by law or ordinance to administer the co		ent ordinance can complete				
	of this Elevation Certificate. Complete the ap						
	on C was taken from other documentation th						
=	ho is authorized by state or local law to certi	fy elevation information. (Indic	ate the source and date of the				
elevation data in the Co	· ·						
Zone AO.	npleted Section E for a building located in Zo	one A (without a FEMA-issued	or community-issued BFE) or				
	n (Items G4-G9) is provided for community f	nodniain management nurnos	95				
G4. PERMIT NUMBER 99-053	G5. DATE PERMIT ISSUED 9-10-99	ISSUED	OF COMPLIANCE/OCCUPANCY				
-	d for: New Construction Substantia	•					
	floor (including basement) of the building is:		Datum:				
G9. BFE or (in Zone AO) depth	of flooding at the building site is:	ft.(m)	Datum:				
LOCAL OFFICIAL'S NAME		TITLE					
COMMUNITY NAME		TELEPHONE					
SIGNATURE		DATE					
MENTS							